

17712 U.S. PTO
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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	990601C1
	First Inventor	Randy SALO
	Title	DATA TRANSMISSION ARCHITECTURE FOR SECURE REMOTE ACCESS TO ENTERPRISE NETWORKS
	Express Mail Label No.	EV 424921101 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 29] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS

9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Preliminary Amendment (6 pages)
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **09/438,818**

Prior application information: Examiner **B. Prieto** Art Unit: **2142**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: 23696	OR	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Robert J. O'Connell	Registration No. (Attorney/Agent)	44,265
Signature	<i>Robert J. O'Connell</i>	Date	April 7, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 424921101 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **4/7/04** Signature: *Tami M. Procopio* (Tami M. Procopio)

FEE TRANSMITTAL for FY 2004				Complete if Known	
<i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>				Application Number	To be assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Herewith
TOTAL AMOUNT OF PAYMENT (\$) 770.00				First Named Inventor	Randy SALO
				Examiner Name	To be assigned
				Art Unit	To be assigned
				Attorney Docket No.	990601C1

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	17-0026		
Deposit Account Name	QUALCOMM, Inc.		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
		Fee Description	Fee Paid
		Utility filing fee	770.00
		Design filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional filing fee	
		SUBTOTAL (1)	(\$) 770.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	11	-20 =	0
Independent Claims	3	-3 =	0
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1202	2202	18	9
1201	2201	86	43
1203	2203	290	145
1204	2204	86	43
1205	2205	18	9
		Fee Description	
		Claims in excess of 20	
		Independent claims in excess of 3	
		Multiple dependent claim, if not paid	
		** Reissue independent claims over original patent	
		** Reissue claims in excess of 20 and over original patent	
		SUBTOTAL (2)	(\$) 0.00
*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)	(\$) 0.00

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Robert J. O'Connell	Registration No. (Attorney/Agent)	44,265
Signature		Telephone	(858) 651-4361
		Date	April 7, 2004

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